VICTIM INFORMATION FORM (VIC)

IF YOU ALREADY HAVE AN ID NUMBER - RETAIN A COPY OF THIS FORM AND USE IT ONLY TO UPDATE YOUR INFORMATION

IF THIS IS YOUR FIRST TIME TO SUBMIT CHECKS TO THE Check Enforcement Program, PLEASE FILL OUT THIS FORM.
A VICTIM IDENTIFICATION (VIC) NUMBER WILL BE ASSIGNED AND WILL BE SENT TO YOU VIA MAIL.

Today's Date	Victim ID# Changes to your existing Victim ID#?YesNo Is this a request for an ID# for a new location?YesNo
INDIVIDUAL VICTIM (not a Business)	COMPLETE THE FOLLOWING
YOUR NAME	DAYTIME TELEPHONE
MAILING ADDRESS	EMAIL ADDRESS
BUSINESS VICTIM	COMPLETE THE FOLLOWING
LEGAL BUSINESS NAME	STORE #
DBA (if applicable)	TELEPHONE #
BUSINESS MAILING ADDRESS	FAX #
	EMAIL ADDRESS
	TYPE OF BUSINESS
PHYSICAL ADDRESS (if different)	MAJOR CROSS STREETS
CONTACT INFORMATION TO BE USED WHEN	WE HAVE QUESTIONS ABOUT YOUR CHECK(S) OR NEED TO CONTACT YOUR COMPANY
CONTACT PERSON	TELEPHONE #
TITLE	FAX #
EMAIL ADDRESS	
RESTITUTION CHECK SHOULD BE MADE PAYABLE TO:	
ADDRESS RESTITUTION CHECK SHOULD BE MAILED TO:	
FOR EACH LOCATION.	HECKS ARE ACCEPTED? IF YES, PLEASE SUBMIT A NEW VICTIM INFORMATION FORM
Do not accept any payments. Have Check Write	ement Program, avoid contact with the Check Writer. ter contact the Maricopa County Attorney's Office to make payment arrangements. rs, a check cashing policy that includes inspecting and recording a Government Issued
PLEASE SIGN AND ACKNOWLEDGE THAT YOU READ THE	INFORMATION ABOVE:
	TITLE DATE

HOW DID YOU LEARN ABOUT THE **Check Enforcement Program?**